

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 3752
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: LIQUID ATOMIZER
Attorney Docket Number:: ZUR=1A
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 13
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Yoel
Middle Name::

Family Name::	ZUR
Name Suffix::	
City of Residence::	Korazim
State or Province of Residence::	
Country of Residence::	ISRAEL
Street of Mailing Address::	No. 4
City of Mailing Address::	Korazim
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	12391
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Gandin
Middle Name::	
Family Name::	VITALY
Name Suffix::	
City of Residence::	Qiriat Shmone
State or Province of Residence::	
Country of Residence::	ISRAEL
Street of Mailing Address::	
City of Mailing Address::	Qiriat Shmone
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	11632
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Zohar
Middle Name::	
Family Name::	KATZMAN
Name Suffix::	
City of Residence::	Haifa

State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 25 Rubenstein Street
City of Mailing Address:: Haifa
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 34987
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: DE VRIES
Name Suffix::
City of Residence:: Herzeliya
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 10 Chovevi Zion ZStreet
City of Mailing Address:: Herzeliya
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 46455

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	Continuation of	Application::	Date::
		09/722,388	11/28/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	133226	11/30/99	Yes

Assignment Information

Assignee Name::	DAN MAMTIRIM
Street of Mailing Address::	Kibbutz Dan
City of Mailing Address::	Doar Na Hagalil Haelion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	12245